

Department of Social and Health Services

DP Code/Title: PL-CZ Dangerous Mentally Ill Offender

Program Level - 030 Mental Health

Budget Period: 2003-05 Version: 11 2003-05 Agency Request Budget

Recommendation Summary Text:

This decision package requests funding for an FTE for the Mental Health Division (MHD) to administer the Dangerous Mentally Ill Offender (DMIO) program in areas of the state where the Regional Support Networks (RSNs) have been unwilling to sign contracts to provide DMIO services.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	104,000	96,000	200,000
Total Cost	104,000	96,000	200,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 030 FTEs	1.0	1.0	1.0

Package Description:

The 1999 state "Dangerous Mentally Ill Offender (DMIO) Act" provides for increased community safety for the public by increasing post-release services to individuals identified as dangerous and mentally ill. The Legislature intended to improve the process of identifying and providing additional needed treatment for persons determined to be dangerous to themselves or others as a result of a mental disorder or a combination of a mental disorder and chemical abuse. Services provided by the DMIO program are designed to increase the chances of successful reintegration into the community and to decrease the potential of new crimes and recidivism. Services include housing, mental health interventions, psychotropic medications, chemical dependency treatment, anger management, and sex offender treatment. The original legislation assigned implementation responsibility to the department, and assumed that the 14 RSNs would sign contracts, and perform much of the community-based coordination and oversight of services. With increasing concerns about liability, eight of 14 RSNs, representing 30 counties in the state, have been unwilling to sign DMIO contracts. In these areas the department retains more responsibility for coordination and oversight of services than originally anticipated. An additional MHD staff person is needed to support these department responsibilities.

Narrative Justification and Impact Statement

How contributes to strategic plan:

The of the MHD strategic plan calls for "persons with multiple-system needs to receive coordinated care." The DMIO program exemplifies coordination of care and services, starting with multi-system teams that form and develop preliminary care plans four to six months prior to release. This is where active outreach and engagement begins, including monthly visits by community providers to the correctional facility three months prior to release to review the designated DMIO participant's needs, and the development of care plans for the community.

Performance Measure Detail

Program: 030

**Goal: 04C Ensure public mental health works for most seriously,
chronically, mentally ill**

Output Measures

Incremental Changes

FY 1 FY 2

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4C1	Increase the percentage of persons who are identified by the 5011 process and who are served in community mental health upon release from a correctional facility	0%	0%
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Goal: 08C Create and improve cross-system collaboration

Incremental Changes

FY 1

FY 2

Output Measures

8C1	Increase the number of persons who are identified by the 5011 process and who are served in community mental health upon release from a correctional facility	0	0
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Reason for change:

MHD must assume responsibility for the DMIO program in areas of the state with no RSN contract for these services.

Impact on clients and services:

This request will allow current services to continue, and enhance services in areas of the state without RSN DMIO contracts.

Impact on other state programs:

The primary impact of this decision package on other agencies and programs is in the courts and at DOC. Failure of inmates identified as dangerous and mentally ill upon their release to the community means increased crime, court costs, and return to prison. All of these have indirect and direct costs to the community, the courts, and DOC.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The original legislation assigns implementation responsibility to the department, and implies that RSNs will receive contracts and perform most of the work. Given liability concerns, eight of the 14 RSNs were unwilling to sign DMIO contracts. The department supported legislation during the 2002 session that reduced liability, but it did not address the liability issue sufficiently for the eight RSNs. Most providers rejected the department's offers of similar contracts to local mental health agencies in those communities. The department also worked with one major RSN to develop DMIO contract language that would minimize liability, and address RSN concerns about signing the contract. That language will be offered to other RSNs in the hope that more will sign. The department also considered contracting directly with community providers of services (e.g. landlords, evaluators, treatment providers) but concluded support mechanisms and workload increases were too great.

Currently, MHD has developed contracts modeled after the DSHS Economic Services Administration's "payeeship" contracts, so that DMIO funds can be disbursed to those community providers outlined in the DMIO transition plans developed by the Multi-System Care Plan team as outlined in the law. This has been the only identified option that complies with the law's direction that the department contract for these services and does so efficiently, using a model tested and used by other parts of the department.

Budget impacts in future biennia:

Costs would continue in future biennia.

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Distinction between one-time and ongoing costs:

These costs are on-going.

Effects of non-funding:

If the MHD does not assume responsibility for coordination and oversight, the goals of the original legislation will be at risk in that offenders being released from prison, who are identified as dangerous and mentally ill, will fail to receive needed services.

Expenditure Calculations and Assumptions:

DMIO is a state only program.

See attachment - MHD PL-CZ Dangerous Mentally Ill Offender.xls

<u>Object Detail</u>		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects				
A	Salaries And Wages	65,000	65,000	130,000
B	Employee Benefits	18,000	18,000	36,000
E	Goods And Services	16,000	8,000	24,000
G	Travel	4,000	4,000	8,000
T	Intra-Agency Reimbursements	1,000	1,000	2,000
Total Objects		104,000	96,000	200,000

DSHS Source Code Detail

Program 030		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	104,000	96,000	200,000
Total for Fund 001-1		104,000	96,000	200,000
Total Program 030		104,000	96,000	200,000